

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000559</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/04/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>GEORGE ADE MEMORIAL HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3623 E SR 16 BROOK, IN 47922</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Facility Number: 000559 Provider Number: 155719 AIM Number: 100267170</p> <p>Survey Date: 09/04/12</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist and Robert Sutton, Trainee</p> <p>At this Quality Assurance Walk-thru Survey, George Ade Memorial Health Care Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (222) construction and was sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and in resident rooms. The facility has the capacity for 70 and had a census of 56 at the time of this survey.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, REHS, Life</p>	K 000			

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TET121

If continuation sheet 1 of 2

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K 000	Continued From page 1  Safety Code Specialist-Medical Surveyor on 09/05/12.	K 000			